

# Certified RHC Professional™ (CRHCP)

## Scholarship Recipient Details

*All fields are required in order to be registered*

**Return this form to Christin McWhorter - [christin@tnruralhealth.org](mailto:christin@tnruralhealth.org)**

Name \_\_\_\_\_ Job Title \_\_\_\_\_  
 Org/Clinic Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (work) \_\_\_\_\_ Phone (cell) \_\_\_\_\_  
 Work Email \_\_\_\_\_ Personal Email \_\_\_\_\_

*Please note, cell phone and personal email are asked so that we can contact you in the event you were to leave your current position. It is your responsibility to update your profile on our website so that you continue to receive all CRHCP maintenance requirements.*

**Please take a moment to answer these few questions. Your answers will provide us better insight into what the course is offering and how we can better serve those in their roles managing a Rural Health Clinic.**

1. How long have you worked in your current position?

- Less than a year       4-6 years       10+ years  
 1-3 years       7-9 years

2. How long have you worked total in or with Rural Health Clinics?

- Less than a year       4-6 years       10+ years  
 1-3 years       7-9 years

3. How did you hear about the course? *(Please select only 1)*

- Facebook       NARHC Newsletter       NARHC Forums  
 LinkedIn       NARHC Webinar       NARHC Website  
 NARHC Emails       Twitter       Word of Mouth

4. Age & Gender

- Up to 30       46-50       Prefer not to answer (age)  
 31-35       51-55       Male  
 36-40       56-60       Female  
 41-45       60+       Prefer not to answer (gender)

**BY SUBMITTING THIS FORM TO CHRISTIN MCWHORTER - [christin@tnruralhealth.org](mailto:christin@tnruralhealth.org), I AGREE TO THE FOLLOWING (please initial):**

\_\_\_\_\_ I have read and agree to the cancellation policy for this course.

\_\_\_\_\_ I understand the maintenance requirements and agree that by taking this course it is solely my responsibility to maintain what is needed to keep my certification including attending an in person NARHC Conference the year my cert is set to expire (odd years) should I pass this course successfully.

\_\_\_\_\_ I understand that I must complete all required content prior to the exam and that there are no exceptions or extensions allowed for the final exam.

*As a scholarship recipient, you agree to have your final score released to Rural Health Association of Tennessee*